

**Print and Fill Out This Form**

**REQUEST FOR BIRTH CERTIFICATE**

**FULL NAME ON BIRTH RECORD**\_\_\_\_\_

**DATE OF BIRTH**\_\_\_\_\_

**PLACE OF BIRTH**\_\_\_\_\_

**MOTHER'S FULL MAIDEN NAME**\_\_\_\_\_

**NAME OF FATHER**\_\_\_\_\_

**RELATIONSHIP TO PERSON ON BIRTH  
RECORD (SELF, MOTHER, FATHER, ETC)**\_\_\_\_\_

**REASON FOR REQUEST**\_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE  
OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION (MCA 50-15-114)**

**MONTANA LAW ALLOWS A CERTIFIED COPY OF A BIRTH CERTIFICATE TO BE ISSUED TO THE  
REGISTRANT, THE REGISTRANT'S SPOUSE, CHILDREN, PARENTS OR GUARDIAN OR AN AUTHORIZED  
REPRESENTATIVE.**

**I HEREBY SWEAR/AFFIRM THAT I AM ONE OF THE INDIVIDUALS LISTED UNDER MONTANA LAW TO  
RECEIVE A CERTIFIED COPY OF THIS BIRTH CERTIFICATE. IF I HAVE GIVEN FALSE INFORMATION, I  
MAY BE SUBJECT TO FINES AND PENALTIES AS PRESCRIBED BY LAW.**

**SIGNATURE**\_\_\_\_\_ **NUMBER OF COPIES**\_\_\_\_\_

**PRINTED NAME**\_\_\_\_\_ **DATE**\_\_\_\_\_

**COPY PHOTO ID REQUIRED**